STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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PLEASE PRINT JUL 1 3 2018

I. Name of Lobbyist(s)	Heather Carroll		NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist's partne	rship, firm or corporation, if a	iny:	
Alzheimer's Association	•		
(Name of part	nership, firm or corporation)		
166 South River Road, Sui	te 210 Bedford	NH	03110
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 606-6590	(603) 606-6803	e-mail hcarroll@alz	z.org
(Telephone)	(Fax)	· · · · · · · · · · · · · · · · · · ·
	Choose one – file separate repo ons which are not attributable	rts for each client, OR you may to any one client).	file a separate report for
XI All reportable transactions	occurring in the months prior to	the reporting date relative to the	following client:
Alzheimer's Association			
•	ame of Client as it appears on the L	obbyist Registration Form)	•
OR			, , , , , , , , , , , , , , , , , , ,
unrelated to any particular clie		bbyist's family), or the lobbying	firm listed below which are
	25, 2018	July 25, 2018 🔀 activity from 4/1/18 to 6/30/18	
	er 31, 2018	January 30, 2019 activity from 10/1/18 to 12/31/1	8
		e transactions made since th he Secretary of State's Office, Sta	
VI. Check if additional report	ts are attached:		
		file Addendum A- Fees and Exp	penses
☐ If you have paid an honora Expense Reimbursement	arium or reimbursed expenses, y	ou must file Addendum B- Rep	ort of Honorariums or
☐ If you, your firm, or your	family has made political contrib	outions, you must file Addendun	n C- Political Contributions
Sworn Statement/Affirmation I have read RSA 15, RSA 15-6 and complete to the best of my (Signature of lobbyist)	3, RSA 14-C and RSA 664 and I	nereby swear or affirm that the form $7.12.16$ (Date	
		(5-10	,
Heather Carroll (Print Name of Johnvist)			

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Heather Carroll	DEPARTMENT OF
IL Name of lobbyist's partnership, firm or corporation, if any:	
Alzheimer's Association	
(Name of partnership, firm or corporation)	
III. Name of Client Alzheimer's Association	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$0.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ <u>0.00</u>
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>0.00</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0.00</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. e aggregate total of all expenses paid expenses; (b) the aggregate total of all de: meals purchased during a business ss than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$16,500
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$16,500
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ 16,500
f) Total of all expenses year to date	f) \$ _33,000.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from period, including by whom paid or to whom charged.	lobbying fees during this repor
Paid to:	Amount:
	\$_0.00_
	s
	\$
	\$
	\$
·	\$
•	
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affi is true and complete to the best of my knowledge and belief.	rm that the foregoing inform
Hallm Cawlf (Signature of lobbyist)	7.12.18 (Date)
Heather Carroll	(2310)

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